

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N03847

Entity Name: BOND COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

1720 SOUTH GASDEN ST.
TALLAHASSEE, FL 32301

Current Mailing Address:

1720 SOUTH GASDEN ST.
TALLAHASSEE, FL 32301 US

FEI Number: 59-2426414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, TEMPLE O
1720 SO. GASDEN
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name JEFFERSON, ANTONIO
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name OKONKWO, PETER
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name LAMAR, WILLIAM
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title CEO
Name ROBINSON, TEMPLE O DR.
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BRODIE, WILLIAM
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LANG, JERRY
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title VC
Name LAWSON, DELORES DR.
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name OFUANI, SHARON
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M GRAYSON

CFO

11/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PALM, DONALD DR.
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name SAWYERR, OLU
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name ROSARIO, MIA
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301

Title CFO
Name GRAYSON, JOHN M
Address 1720 SOUTH GASDEN ST.
City-State-Zip: TALLAHASSEE FL 32301